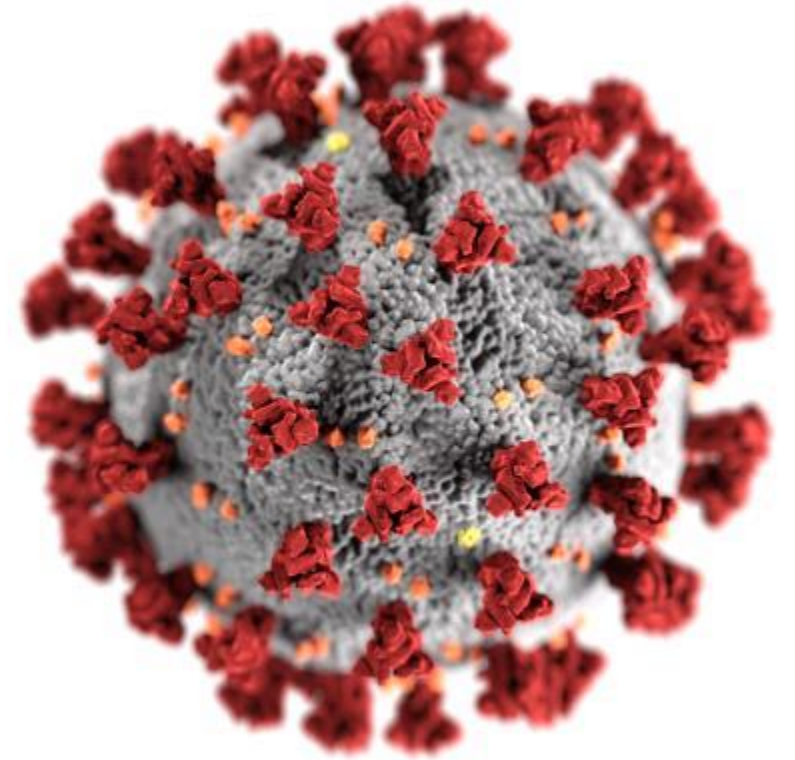


COVID-19 Vaccination Plan

South Dakota Department of Health

November 17, 2020



We will begin in just a few moments. Thanks!

Information is current as of 11.16.2020



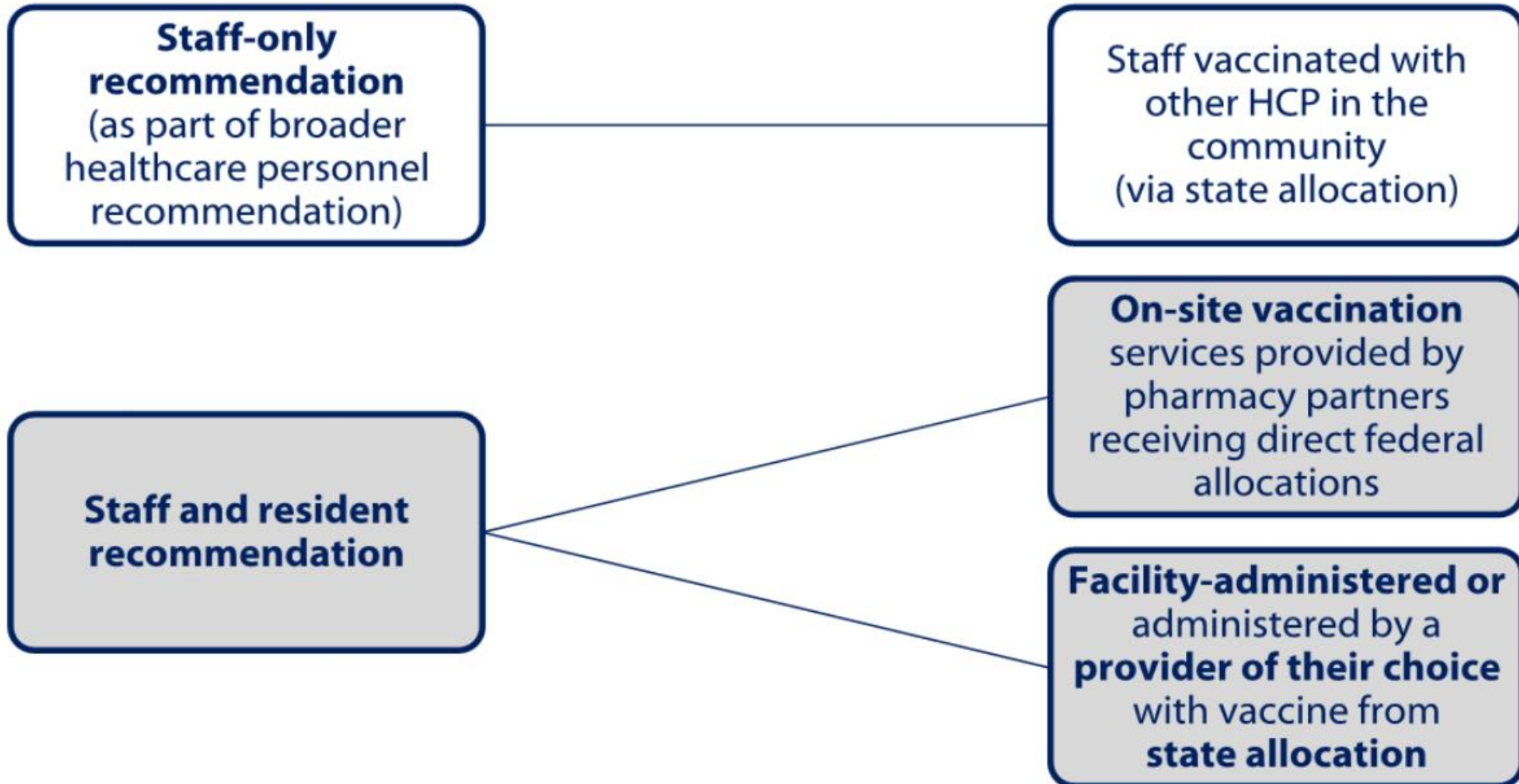
SOUTH DAKOTA DEPARTMENT OF HEALTH

Provider Enrollment

- **Qualtrics** platform is being used for enrollment
https://dohsd.sjc1.qualtrics.com/jfe/form/SV_eVYZ1lht9aCoHFX
- Provider Agreement
- Provider Profile
- Assigning of Unique Provider COVID Vaccine Number

Information is current as of 11.10.2020

Federal Planning: Engaging Pharmacy Partners For Staff and Residents



LTC and Pharmacies

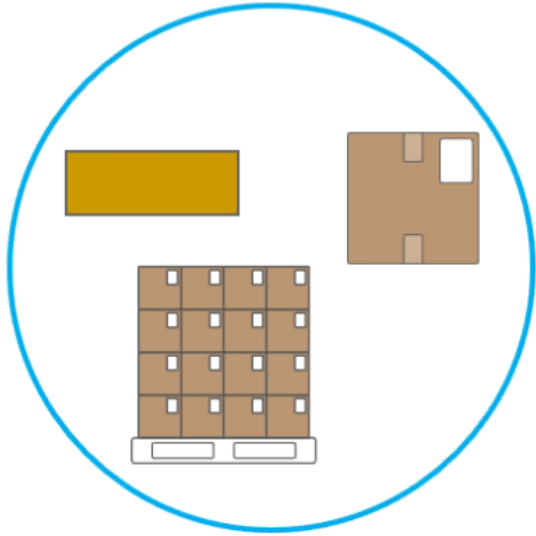
- CVS/Walgreens currently reviewing LTC preference data
- Will report to CDC on facilities they can vaccinate and those they cannot
- DOH will work with LTC facilities not covered by CVS/Walgreens

Information is current as of 11.16.2020

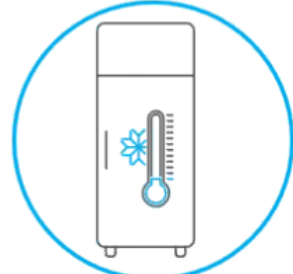
mRNA-1273 distribution to and storage at immunization locations using existing infrastructure

Storage Conditions for a non-punctured vial*

Moderna applying for 30 days
in the refrigerator



**Ship any configuration using
existing infrastructure**



**Freezer: -25 to -15°C / -13
to 5°F for 6 months**

+



**Refrigerator: 2-8°C / ~36-
46°F for up to 7 days. Do
not refreeze**

+



**Room temperature:
up to 12 hours**

Flexible and adaptable
supply chain

Uses standard existing
vaccination infrastructure

No dilution required

Discard any punctured
vial after 6 hours

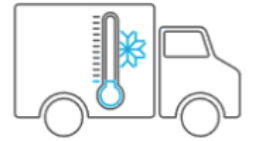
*Shelf life is expected based on current data available; Product characteristics subject to regulatory review and authorization

mRNA-1273 packaging during EUA

Pre-conditioned
-25 to -15°C/-13-5°F shipper

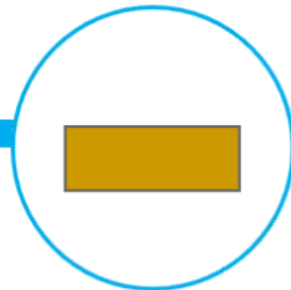


**-25 to -15°C Temp controlled
truck for full loads**



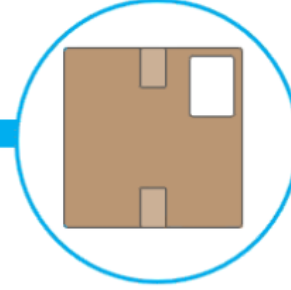
Multi-dose vial

(10 preservative free,
0.5 mL doses per vial)



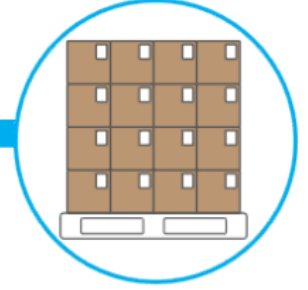
10-vial cartons

(100 doses)



Full cases

(1,200 doses)



Full or partial pallets

(up to 230,400
doses)

Vaccine and administration

Vaccine doses purchased with U.S. taxpayer dollars will be given to the American people at no cost. Providers that participate in the CDC COVID-19 Vaccination Program contractually agree to administer a COVID-19 vaccine regardless of an individual's ability to pay and regardless of their coverage status, and also may not seek any reimbursement, including through balance billing, from a vaccine recipient. Providers who have questions about billing or reimbursement of vaccine administration for patients covered by private insurance or Medicaid should contact the respective health plan or state Medicaid agency. People without health insurance or whose insurance does not provide coverage of the vaccine can also get COVID-19 vaccine at no cost. Providers administering the vaccine to people without health insurance or whose insurance does not provide coverage of the vaccine can request reimbursement for the administration of the COVID-19 vaccine through the [Provider Relief Fund](#).

<https://www.hrsa.gov/CovidUninsuredClaim>



SOUTH DAKOTA DEPARTMENT OF HEALTH

Data Reporting Elements – Weekly Updates by Phase 1 Providers

Due on Friday by COB

- Number of vaccines given at each vaccination site (by site number)
- Current inventory (number of vials on hand)
- Number of sites covered during the week
- Plan for next week



Training and Education

Health Provider Platforms

- Vaccine Finder
- Health Provider Portal

Roles of Health Provider Platforms

- Inventory reporting to CDC (not made public initially)
- Increase access to COVID19 vaccines (optional for providers) when vaccine widely available

Vaccine Finder Process

- COVID-19 Vaccine providers are registered at CDC's Vaccine Tracking System VTrckS)
- Jurisdictions provide e-mail of provider from enrollment process.
- Providers will receive e-mail from COVID Locating Health Provider Portal with instructions for V.F. enrollment. **Must respond within 7 days.** Check Spam mail
- Individual providers must create new account VaccineFinder for COVID-19 vaccine -can't use existing account.
- Each Provider must report on-hand COVID-19 inventory daily(minimum)by 4am CDT following day.
- If location is open 5 days/week still must report inventory daily.

CDC will have V.F. Helpline and other training available.



SOUTH DAKOTA DEPARTMENT OF HEALTH

South Dakota Immunization Information System (SDIIS)

South Dakota Immunization Information System (SDIIS) System User Access Account Application

Please complete this form to request a user account for each staff member that has access to the SDIIS. Upon completion and return of this form, a **USER ID** and temporary **PASSWORD** will be assigned. Once the credentials have been assigned, Users will be **REQUIRED** to change their password after they log in for the first time. **PLEASE DO NOT SHARE PASSWORDS AND USER ACCOUNTS.** If you have questions please contact Brett Oakland at (605) 367-4902 or Radhi Saripalli at (605) 773-7473. Retain a copy of this form in your files and email the completed form to brett.oakland@state.sd.us or fax to (605) 367-5357.

SDIIS System User Access Account Information

VFC PIN: _____ User's Phone Number: (____) _____ Ext. _____

Name of Clinic/Facility: _____

Clinic/Facility Address: _____

Individual Email Address: _____
(Shared email accounts are not acceptable)

First Name: _____ Last Name: _____
(List your name as you'd like to see it displayed in the Immunization Information System)

Access required:

- ☐ **View only** - view and print record, but cannot add immunizations or edit record
- ☐ **Full Access** - enter immunizations and edit patient records, but no access to inventory
- ☐ **Inventory Management** - enter immunizations, edit patient records, access to facility inventory

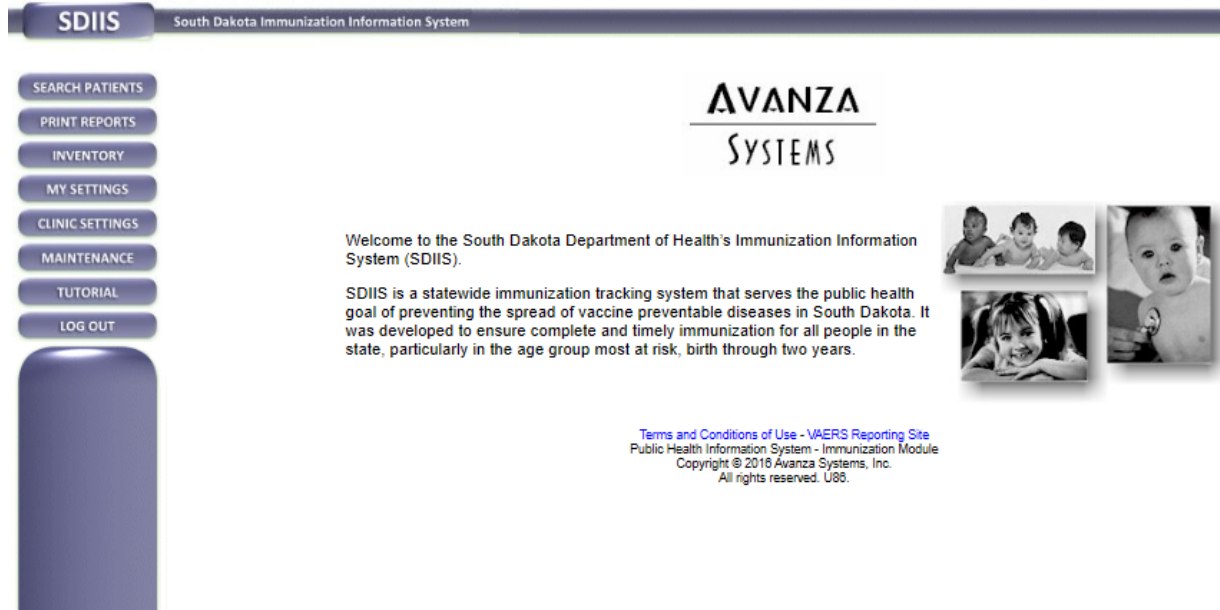
Does user float between clinic sites? (Check one): ☐ Yes ☐ No
(If yes, a separate application must be completed for each clinic)

☐ New User ☐ Existing User

Password: Passwords must be AT LEAST 6 characters and should be a combination of letters (must be lower case), numbers and a special character.

Phone Number: Please make sure to enter your phone number, either a direct number to you or a clinic main number. If you have an extension please include on the form. Please print or type clearly and fax this form to (605) 367-5357. When the form has been returned we will email or call you with your USER ID and a temporary PASSWORD. It is very important that you DO NOT change your USER ID once it has been assigned.

South Dakota Immunization Information System (SDIIS)



- ***Options***

- Search Patients
- Print Reports
- Inventory
- My Settings – changing password
- Log Out

- ***Links***

- Terms and Conditions of Use
- VAERS Reporting Site

South Dakota Immunization Information System (SDIIS)

SDIIS

SEARCH PATIENTS

PRINT REPORTS

INVENTORY

MY SETTINGS

CLINIC SETTINGS

MAINTENANCE

TUTORIAL

LOG OUT

EDIT MY SETTINGS

FIRST NAME MIDDLE NAME LAST NAME

LOGIN ID PASSWORD CONFIRM PASSWORD

IMMN. PROVIDER

SELECT

USER NOTES

SIGNATURE BLOCK

UPDATE CLOSE MY SETTINGS

- ***Changing your Password***
 - Click **MY SETTINGS**
 - Create and confirm new password
 - At least 6 characters
 - Letters, numbers, special character
 - Click **UPDATE**

South Dakota Immunization Information System (SDIIS)

SDIIS

SEARCH PATIENTS

You can search based on a combination of any criteria below

LAST NAME :	<input type="text"/>
FIRST NAME :	<input type="text"/>
DOB :	<input type="text"/>
SYSTEM ID :	<input type="text"/>
CHART # :	<input type="text"/>
SSN :	<input type="text"/>
RELATIONSHIP :	MOTHER <input type="button" value="v"/>
MAIDEN NAME :	<input type="text"/>
PARENT/GUARDIAN LAST NAME :	<input type="text"/>
PARENT/GUARDIAN SSN :	<input type="text"/>

- ***Search Patients***

- Click **SEARCH PATIENTS**
- Enter search parameters
 - Avoid typing entire last name and first name to search for a patient
 - Recommend limited specificity to capture multiple possibilities and avoid creating a duplicate record
 - First initial + DOB, or
 - First 3 letters of first and last name
- Click **SUBMIT**
- Choose the name of the desired record
- If no record, Click **ADD NEW PATIENT**

South Dakota Immunization Information System (SDIIS)

ADD A NEW PATIENT

PATIENT INFORMATION
* LAST NAME :
* FIRST NAME :
* DATE OF BIRTH : (mm/dd/yyyy)

SUBMIT

CANCEL

* Required

ADD A NEW PATIENT

PATIENT WAS ADDED SUCCESSFULLY

[EDIT PATIENT RECORD](#)

- **Add New Patient**
 - *If no record found through search attempts*

- Enter Last Name, First Name, Date of Birth
- Ensure correct spelling
- Enter accurate date of birth
- Click **SUBMIT**

- Click **EDIT PATIENT RECORD**



SOUTH DAKOTA DEPARTMENT OF HEALTH

South Dakota Immunization Information System (SDIIS)

SDIIS South Dakota Immunization Information System

PATIENT SUMMARY
USER NAME: Brett Oakland CLINIC: Central Registry

PATIENT INFORMATION
PATIENT ID: 140-00002-1505381
NAME: Bert Oak
ALIAS:
DOB: 1/1/1940 (80 years, 10 months)
GENDER:
HEALTH PLAN:
VFC:
STATUS: Active
CHART#:
[EDIT](#)

VACCINE HISTORY

VACCINE	#	DATE	ADV	ENT
NO VACCINES HAVE BEEN ADDED.				

[ADD HISTORY](#) [GIVE VACCINE](#) [EDIT HISTORY](#)

All Series

[RECOMMEND](#)

CONTACT INFORMATION
PARENT:
ADDRESS:
PRIMARY#:
PCP:
REMINDER:
[EDIT](#)

CONTRAINDICATIONS
NO CONTRAINDICATIONS ADDED.
[EDIT](#)

PATIENT NOTES

PRIORITY	DATE	NOTES
There are no notes.		

[ADD NEW NOTE](#)

QUALIFYING INTERVIEW
There are no qualifying interviews.

[DELETE PATIENT](#) [DONE](#)

- **Edit Patient Information**

- Click **EDIT** under PATIENT INFORMATION section
- The **EDIT PATIENT INFORMATION** screen will appear

South Dakota Immunization Information System (SDIIS)

SEARCH PATIENTS
PRINT REPORTS
INVENTORY
MY SETTINGS
CLINIC SETTINGS
MAINTENANCE
TUTORIAL
LOG OUT

EDIT PATIENT INFORMATION

Bert Oak
DOB: 1/1/1940

RECORD INFORMATION

SYSTEM IDENTIFIER : 140-00002-1505381 LAST CLINIC : Test Clinic 2010 (#7734)
DATE OF ENTRY : 11/9/2020 5:58:59 PM LAST UPDATED : 11/11/2020 12:35:46 PM

PATIENT INFORMATION

* LAST NAME : Oak
MIDDLE NAME : Jim
ALIAS (NICKNAME) : TESTRECORD
STATE/COUNTRY OF BIRTH :
RACE : Native American **EDIT**
LANGUAGE :
OTHER PROGRAMS : **EDIT**
SCHOOL DISTRICT :
OCCUPATION : SELECT
CHART # :
* FIRST NAME : Bert
SUFFIX :
* DATE OF BIRTH : 1/1/1940 (mm/dd/yyyy)
GENDER : Male
HISPANIC ORIGIN : Non-Hispanic
* VFC ELIGIBILITY : Not Eligible
SOCIAL SECURITY # :
CONFIRM SSN :
PATIENT STATUS : Active
HEALTH PLAN : **EDIT**

UPDATE **CANCEL**

• *Edit Patient Information*

- Please enter the following, which are **REQUIRED** for COVID-19 Vaccination Plan,
 - Confirm name, date of birth
 - Gender
 - Race – click **EDIT** and choose
 - Add Hispanic Origin from dropdown
 - Choose non-Hispanic, if so
 - Choose Unknown Hispanic, if origin unknown
- VFC Eligibility – choose NOT ELIGIBLE for all adults; choose best option for 18 and under
- Click **UPDATE**

South Dakota Immunization Information System (SDIIS)

SDIIS South Dakota Immunization Information System

PATIENT SUMMARY
USER NAME: Brett Oakland CLINIC: Central Registry

PATIENT INFORMATION
PATIENT ID: 140-00002-1505381
NAME: Bert Oak
ALIAS:
DOB: 1/1/1940 (80 years, 10 months)
GENDER:
HEALTH PLAN:
VFC:
STATUS: Active
CHART#:
[EDIT](#)

VACCINE HISTORY

VACCINE	#	DATE	ADV	ENT
NO VACCINES HAVE BEEN ADDED.				

[ADD HISTORY](#) [GIVE VACCINE](#) [EDIT HISTORY](#)
All Series
[RECOMMEND](#)

CONTACT INFORMATION
PARENT:
ADDRESS:
PRIMARY#:
PCP:
REMINDER:
[EDIT](#)

CONTRAINDICATIONS
NO CONTRAINDICATIONS ADDED.
[EDIT](#)

PATIENT NOTES

PRIORITY	DATE	NOTES
There are no notes.		

[ADD NEW NOTE](#)

QUALIFYING INTERVIEW
There are no qualifying interviews.

[DELETE PATIENT](#) [DONE](#)

- **Edit Contact Information**
 - Click **EDIT** under CONTACT INFORMATION section
 - The **EDIT CONTACT & GENERAL INFORMATION** screen will appear

South Dakota Immunization Information System (SDIIS)

SEARCH PATIENTS
PRINT REPORTS
INVENTORY
MY SETTINGS
CLINIC SETTINGS
MAINTENANCE
TUTORIAL
LOG OUT

EDIT CONTACT & GENERAL INFORMATION

Bert Oak
DOB: 1/1/1940

PARENT AND GUARDIAN INFORMATION

MOTHER LAST NAME :	<input type="text"/>	MOTHER FIRST NAME :	<input type="text"/>
MOTHER MIDDLE NAME :	<input type="text"/>	MOTHER MAIDEN NAME :	<input type="text"/>
MOTHER SSN :	<input type="text"/>	CONFIRM SSN :	<input type="text"/>
FATHER LAST NAME :	<input type="text"/>	FATHER FIRST NAME :	<input type="text"/>
FATHER MIDDLE NAME :	<input type="text"/>	FATHER SSN :	<input type="text"/>
		CONFIRM SSN :	<input type="text"/>
GUARDIAN LAST NAME :	<input type="text"/>	GUARDIAN FIRST NAME :	<input type="text"/>
GUARDIAN MIDDLE NAME :	<input type="text"/>	GUARDIAN SSN :	<input type="text"/>
		CONFIRM SSN :	<input type="text"/>

PATIENT ADDRESS

PATIENT ADDRESS : 1234 Immunity Avenue
Sioux Falls (Part-Lincoln), South Dakota 57108 [EDIT](#)

COUNTY : Lincoln

PHONE NUMBERS

PRIMARY PHONE # : 6059999999 SECONDARY PHONE # : EXT.

REMINDER ACTIVITY

DATE REMINDER SENT : 11/11/2020 REMINDER STATUS : Pending

NEXT APPOINTMENT :

EXPANSION FIELDS

EXP. FIELD - INTEGER : EXP. FIELD - DATE :

EXP. FIELD - STRING : LOCKING : SELECT

PRIMARY CARE PHYSICIAN NAME

LAST NAME : FIRST NAME :

MIDDLE NAME : TITLE : SELECT

PRIMARY CARE PHYSICIAN ADDRESS

ADDRESS : [EDIT](#)

PRIMARY CARE PHYSICIAN PHONE NUMBER

PHONE # : EXT.

[UPDATE](#) [CANCEL](#)

• *Edit Contact Information*

- Please enter the following:
 - Parent & Guardian Information for clients under age 18 (SSN's not necessary)
 - Patient Address – click **EDIT**
 - **EDIT PATIENT ADDRESS** screen will appear
 - Complete ADDRESS and ZIP CODE fields
 - Click **SUBMIT** next to the ZIP CODE field.The proper state, county, and city should be highlighted. If not, please correct
 - Click **UPDATE** when address is complete
- Enter phone numbers – no dashes – XXXXXXXXXXXX
- Click **UPDATE**

South Dakota Immunization Information System (SDIIS)

SDIIS South Dakota Immunization Information System

PATIENT SUMMARY
USER NAME: Brett Oakland CLINIC: Central Registry

PATIENT INFORMATION
PATIENT ID: 140-00002-1505381
NAME: Bert Oak
ALIAS:
DOB: 1/1/1940 (80 years, 10 months)
GENDER: Male
HEALTH PLAN:
VFC: Not Eligible
STATUS: Active
CHART#:
EDIT

VACCINE HISTORY
VACCINE # DATE ADV ENT
NO VACCINES HAVE BEEN ADDED.
ADD HISTORY GIVE VACCINE EDIT HISTORY
All Series
RECOMMEND

CONTACT INFORMATION
PARENT:
ADDRESS: 1234 Immunity Avenue
Sioux Falls (Part-Lincoln), South
Dakota 57108
PRIMARY#: (605) 999-9999
PCP:
REMINDER:
EDIT

CONTRAINDICATIONS
NO CONTRAINDICATIONS ADDED.
EDIT

PATIENT NOTES
PRIORITY DATE NOTES
There are no notes.
ADD NEW NOTE

QUALIFYING INTERVIEW
There are no qualifying interviews.

DELETE PATIENT DONE

- **Entering Immunizations**
 - **via manual entry**

- Once you have confirmed that patient is properly indicated for the intended vaccine...
- Click **GIVE VACCINE**

South Dakota Immunization Information System (SDIIS)

SDIIS South Dakota Immunization Information System

GIVE VACCINE

Bert Oak
DOB: 1/1/1940

SELECT	VACCINE	FUNDING SOURCE	LOT NUMBER	EXPIRATION DATE	CURRENT VOLUME
<input type="checkbox"/>	Flu High Dose	Private	ZR979	03/28/2022	30
<input type="checkbox"/>	Tdap	Private	5S43T	03/05/2022	50
<input type="checkbox"/>	Varicella	VFC	1687291	09/11/2022	20
<input type="checkbox"/>	Zoster-Shingrix	Private	1621934	01/29/2022	17

- **Entering Immunizations**
 - **via manual entry**
- Your clinic inventory will appear
- Click check box of vaccine to be administered
- Click **NEXT**
- The **GIVE VACCINE DETAILS** screen will appear

South Dakota Immunization Information System (SDIIS)

SDIIS South Dakota Immunization Information System

GIVE VACCINE DETAILS

Bert Oak
DOB: 1/1/1940

TDAP

VACCINATION DATE *	SIGNATURE DATE	FORM & DATE	CLINIC
11/16/2020	11/16/2020		Test Clinic 2010 (#7734)
LOT #	MANUFACTURER	INJECTION SITE	OUTREACH FACILITY
5S43T	GlaxoSmithKline	SELECT	SELECT
PROVIDER NAME	PROVIDER TITLE	BILLABLE HEALTH PLAN	DOSAGE VOLUME
SELECT	SELECT	SELECT	1
NOTES			

UPDATE CANCEL

- NOTE: **PROVIDER NAME** list only includes names of vaccinators who have been added to the list by Immunization Program. If you have staff who are not on this, you may request to have them added. The alternative is to choose OTHER, and SDIIS will ask you to provide the name of the person who administered the vaccine.

- **Entering Immunizations**
 - *via manual entry*

- Some vaccine details will be pre-populated
 - Vaccination Date
 - Signature Date
 - Clinic
 - Lot #
 - Manufacturer
- Complete other fields for complete documentation, if possible
 - Provider Name, Title – the person who gave the vaccine, if included in the list
 - Injection Site (Deltoid – right or left)
- Click **UPDATE**
- The **PATIENT SUMMARY** will appear

South Dakota Immunization Information System (SDIIS)

PATIENT SUMMARY
USER NAME: Brett Oakland CLINIC: Test Clinic 2010 (#7734)

PATIENT INFORMATION
PATIENT ID: 140-00002-1505381
NAME: Bert Oak
ALIAS: TESTRECORD
DOB: 1/1/1940 (80 years, 10 months)
GENDER: Male
HEALTH PLAN:
VFC: Not Eligible
STATUS: Active
CHART#:
[EDIT](#)

VACCINE HISTORY

VACCINE	#	DATE	ADV	ENT
Tdap	1	11/16/2020	N	G

[ADD HISTORY](#) [GIVE VACCINE](#) [EDIT HISTORY](#)

[RECOMMEND](#)

CONTACT INFORMATION
PARENT:
ADDRESS: 1234 Immunity Avenue
Sioux Falls (Part-Lincoln), South Dakota 57108
PRIMARY#: [\(605\) 999-9999](#)
PCP:
REMINDER: Pending
[EDIT](#)

CONTRAINDICATIONS
NO CONTRAINDICATIONS ADDED.
[EDIT](#)

PATIENT NOTES
PRIORITY DATE NOTES
There are no notes.
[ADD NEW NOTE](#)

QUALIFYING INTERVIEW
There are no qualifying interviews.

[DELETE PATIENT](#) [DONE](#)

EDIT VACCINATION
Bert Oak
DOB: 1/1/1940

Tdap
Dose # 1

VACCINATION DATE *

LOT #

PROVIDER NAME

NOTES

SIGNATURE DATE

MANUFACTURER

PROVIDER TITLE

FORM & DATE

INJECTION SITE

BILLABLE HEALTH PLAN

ADVERSE REACTION

CLINIC

OUTREACH FACILITY

DOSAGE VOLUME

[UPDATE](#) [VAERS](#) [DELETE](#) [CANCEL](#)

* Required

- **Entering Immunizations**
 - **via manual entry**
- Updated **PATIENT SUMMARY**
- New vaccine appears as a [hyperlink](#)
 - Click on [hyperlink](#) if necessary to edit vaccine details
 - May add **ADVERSE REACTION** if necessary
 - Click **VAERS** button if needed
- NOTE: when entering by [GIVE VACCINE](#), a dose of vaccine will be automatically decremented from the clinic inventory in SDIIS
- Click **DONE**
- NOTE: if your facility is connected to SDIIS via [HL7 interface](#), you will not need to manually enter immunizations. However, your vaccine inventory will not decrement. Look for this instruction in a separate presentation.

South Dakota Immunization Information System (SDIIS)

SEARCH PATIENTS

PRINT REPORTS

INVENTORY

MY SETTINGS

CLINIC SETTINGS

MAINTENANCE

TUTORIAL

LOG OUT

PATIENT SUMMARY

USER NAME: Brett Oakland CLINIC: Test Clinic 2010 (#7734)

PATIENT INFORMATION

PATIENT ID: 140-00002-1505381

NAME: Bert Oak

ALIAS: TESTRECORD

DOB: 1/1/1940 (80 years, 10 months)

GENDER: Male

HEALTH PLAN:

VFC: Not Eligible

STATUS: Active

CHART#:

EDIT

VACCINE HISTORY

VACCINE	#	DATE	ADV	ENT
Tdap	1	11/16/2020	Y	G

ADD HISTORY

GIVE VACCINE

EDIT HISTORY

All Series

RECOMMEND

CONTACT INFORMATION

PARENT:

ADDRESS: 1234 Immunity Avenue
Sioux Falls (Part-Lincoln), South
Dakota 57108

PRIMARY#: (605) 999-9999

PCP:

REMINDER: Pending

EDIT

CONTRAINDICATIONS

NO CONTRAINDICATIONS ADDED.

EDIT

PATIENT NOTES

PRIORITY	DATE	NOTES
There are no notes.		

ADD NEW NOTE

QUALIFYING INTERVIEW

There are no qualifying interviews.

DELETE PATIENT

DONE

- **Entering Immunizations**
 - *via manual entry*

- If entering historical immunizations...
- Click **ADD HISTORY**
- Click check box(es) of vaccine(s) to be added
- Click **NEXT**

South Dakota Immunization Information System (SDIIS)

SDIIS South Dakota Immunization Information System

SEARCH PATIENTS
PRINT REPORTS
INVENTORY
MY SETTINGS
CLINIC SETTINGS
MAINTENANCE
TUTORIAL
LOG OUT

Bert Oak
DOB: 1/1/1940

VACCINE	DATES OF PAST VACCINATIONS				
Flu High Dose :	10/01/2020				
Zoster-Shingrix :	01/01/2020	08/31/2020			
Pneu PCV13 :	08/31/2020				

ADD DETAILS UPDATE CANCEL

- ***Entering Immunizations***

- ***via manual entry***

- Enter dates of historical immunizations
- Click **ADD DETAILS** if known, or
- Click **UPDATE**

South Dakota Immunization Information System (SDIIS)

SDIIS South Dakota Immunization Information System

PATIENT SUMMARY
USER NAME: Brett Oakland CLINIC: Test Clinic 2010 (#7734)

PATIENT INFORMATION
PATIENT ID: 140-00002-1505381
NAME: Bert Oak
ALIAS: TESTRECORD
DOB: 1/1/1940 (80 years, 10 months)
GENDER: Male
HEALTH PLAN:
VFC: Not Eligible
STATUS: Active
CHART#:

VACCINE HISTORY

VACCINE	#	DATE	ADV	ENT
Flu High Dose	1	10/01/2020	N	A
Pneu PCV13	1	08/31/2020	N	A
Tdap	1	11/16/2020	Y	G
Zoster-Shingrix	1	01/01/2020	N	A
Zoster-Shingrix	2	08/31/2020	N	A

CONTACT INFORMATION
PARENT:
ADDRESS: 1234 Immunity Avenue
Sioux Falls (Part-Lincoln), South Dakota 57108
PRIMARY#: (605) 999-9999
PCP:
REMINDER: Pending

CONTRAINDICATIONS
NO CONTRAINDICATIONS ADDED.

PATIENT NOTES
PRIORITY DATE NOTES
There are no notes.



QUALIFYING INTERVIEW
There are no qualifying interviews.


• *Print immunization record*

- For full patient-specific immunization record if needed, Click **PRINT REPORTS** while Patient Summary is still open.
- A new window will open.

South Dakota Immunization Information System (SDIIS)

SELECT REPORT


PATIENT-SPECIFIC	INVENTORY
Patient Long Form 	Clinic Inventory <input type="radio"/>
Patient Short Form 	Doses Administered <input checked="" type="radio"/>
Routing Slip <input type="radio"/>	Vaccine Accountability <input type="radio"/>
Reminder Notice <input checked="" type="radio"/>	
REMINDER / RECALL	STATISTICAL
Missing Immunizations <input type="radio"/>	Immunization Coverage <input type="radio"/>
Upcoming Immunizations <input checked="" type="radio"/>	Encounter Summary <input checked="" type="radio"/>
Lack of Activity <input type="radio"/>	Patient List <input type="radio"/>
	Patient Detail <input checked="" type="radio"/>
	Patient History <input type="radio"/>
	Data Verification <input checked="" type="radio"/>
	Roster Billing Report <input type="radio"/>
	Patient Count Report <input checked="" type="radio"/>



- ***Print immunization record***

- Click **Patient Long Form** or **Patient Short Form**
- View each and choose which works best for your situation
- Click **GENERATE**

South Dakota Immunization Information System (SDIIS)

 **Vaccine Immunization Record Short Form**

Clinic: Central Registry
Address: 615 East 4th Street
Pierre, South Dakota 57501
Phone: [605-773-3737](tel:605-773-3737)
Fax: [605-773-5509](tel:605-773-5509)

PATIENT INFORMATION			
Last Name Oak	Middle Name Jim	First Name Bert	
DOB 1/1/1940	Sex Male	Race Native American	Hispanic Origin Non-Hispanic
Address 1234 Immunity Avenue	City Sioux Falls (Part-Lincoln)	State South Dakota	Zip 57108

VACCINE HISTORY				
VACCINE	DOSE #	VACCINATION DATE	LOT #	INJECTION SITE
DTaP	1	11/10/2020	S028738	Deltoid, Left
Flu High Dose	1	10/01/2020		
Pneu PCV13	1	08/31/2020		
Zoster-Shingrix	1	01/01/2020		
Zoster-Shingrix	2	08/31/2020		

Generated November 10, 2020 Page 1

PRINT **SAVE** **CANCEL** **DONE**

- ***Print immunization record***

- This is an example of a **Patient Short Form**
- Print as needed
 - **NOTE:** An issue currently exists with printing reports using certain web browsers that prevents convenient printing of reports, i.e. reports print in landscape layout when portrait is the best option. The option to switch layouts is unavailable.
 - We recommend using Internet Explorer or Microsoft Edge for optimum printing.

South Dakota Immunization Information System (SDIIS)

SDIIS South Dakota Immunization Information System

EDIT VACCINATION
Bert Oak
DOB: 1/1/1940

DTaP
Dose # 1

VACCINATION DATE *	SIGNATURE DATE	FORM & DATE	CLINIC
11/10/2020	11/10/2020		Test Clinic 2010 (#7734)
LOT #	MANUFACTURER	INJECTION SITE	OUTREACH FACILITY
S028738	Merck	Deltoid, Left	SELECT
PROVIDER NAME	PROVIDER TITLE	BILLABLE HEALTH PLAN	DOSAGE VOLUME
Other	RN	SELECT	1
NOTES		ADVERSE REACTION	
		SELECT	

UPDATE VAERS DELETE CANCEL

This site says...
Your clinic is not currently listed as this patient's immunization home. Should the patient's record be updated to reflect a change in immunization home?

OK Cancel

- ***Immunization Home***

- You may commonly see this POP-UP box anytime you click and **UPDATE** or **EDIT** button.
- If the patient is not (going to be) a regular immunization patient at your facility, do NOT accept to be the Immunization Home of the patient...
 - Click **CANCEL**
- If the patient IS or will be a regular immunization patient at your facility, accept to be the Immunization Home of the patient...
 - Click **OK**
- The box directly correlates to various reports such as Immunization Coverage and Missing Immunizations.

Contact Information

Angela Jackley Deputy Administrator, Office of Disease Prevention Services. Vaccination Lead

Tim Heath Immunization Program Coordinator, Vaccination co-lead tim.heath@state.sd.us

Brett Oakland Immunization Registry Coordinator
brett.oakland@state.sd.us

Carol Chalcraft Immunization Education Coordinator
carol.chalcraft@state.sd.us

Misty Pickner Vaccine Management Specialist
misty.pickner@state.sd.us

